

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90386 014 \*\*\*150.00

DOCUMENT # P02000099883

1. Entity Name  
AYERS PUBLISHING, INC.



Principal Place of Business  
207 N MAIN STREET  
TRENTON FL 32693

Mailing Address  
207 N MAIN STREET  
TRENTON FL 32693

2. Principal Place of Business

*above*  
Suite, Apt. #, etc.

3. Mailing Address

*above*  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country *USA*  
~~610725~~

Zip

Country *USA*

4. FEI Number

*EN-13-4216382*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AYERS, CINDY JO  
2620 SW 82ND LANE  
TRENTON FL 32693

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cindy Jo Ayers*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>John Ayers</i>	<input type="checkbox"/> Delete
NAME	<i>John Ayers</i>	
STREET ADDRESS	<i>P.O. Box 127</i>	
CITY-ST-ZIP	<i>Trenton, FL 32693</i>	
TITLE	<i>Cindy Ayers</i>	<input type="checkbox"/> Delete
NAME	<i>Cindy Ayers</i>	
STREET ADDRESS	<i>207 N. MAIN ST</i>	
CITY-ST-ZIP	<i>Trenton, FL 32693</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cindy Jo Ayers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/27/03*  
Date

*352-467 7135*  
Daytime Phone #

CR2E034 (10/02)